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FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	STATEMENT
CHECK ONE:	84 IO: LO	DR-1	OF
This is an initial* Statement of Organization 2008 SEP -3	ALLIO. 4 Less Edim	(Rev. 04/2008)	ORGANIZATION
Inis is an amended Statement of Organization		For Office Use	
*An initial Statement of Organization must be filed within 10 days of the commaking expenditures, or incurring indebtedness exceeding \$750. Amendment	mittee's accepting contributions,	Comm. #	
a change. Penalties may be imposed for late-filed Statements of Organization	on A candidate with an open	Indexed Audited	
committee that exceeds \$750 in activity for another office shall file within 10	days either a new or amended	Computer	
DR-1 disclosing information concerning the campaign for the new office sou		Compate.	
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the	candidate's last name in the name o	f the committee.)	
ANKENY PARENTS' ASSOCIATION			
IMPORTANT: Indicate type of committee you are reporting for: [1] [1] Statewide/Legislative/Judge Standing for Retention Candidate (2) [5] County Candidate (6) City Candidate (7) School Board or Other P [10] School Board or Other Political Subdivision PAC (11) Local Balle	olitical Subdivision Candidate (8)County PAC (9)0	City PAC
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mand	atory except for a	andidate's committee)
Name + Maria Schweers	Name + + Sarah	Ruba	
Mailing Address + + 810 NE KENStone Drive	Mailing Address ↓ ↓ 1005	NE 8th (2t
City, State 1 Zip Code 1 1 An Keny 14 50021	City, State + J Zip Code + J	A 5002	1
Phone (515) 964-7796	Phone (5/5) 965 - 8	340 .	
e-Mail maschweers@mchsi.com	e-Mail SSruba a	d mchsi. a	om
INDICATE PURPOSE OF COMMITTEE - Check One Box ☐ Adv Comment or description:		dvocate for ballot iss dvocate against ball	
All Candidates Enter:	County/Local Candidates a	nd Local Ballot Co	mmittees Enter:
Office Sought:	·		
Political Party (if applicable)	County: POLK (If active in multiple ballot iss	ue elections, attach	list of counties
District:	Date of Election:		
Year Standing for Election:	Condidate name & Address of	Samuel Endits (DAOs	if applicable)
Bank Account Name (must match committee name)	Candidate name & Address or F	<u>'arent Entity (PACS</u> Affiliate, or Sponso	
0	, ,	timate, or oponios	•
ANKINY PARENTS ASSOCIATION Name of Financial Institution/type of Account ↓ ↓			
Name of Financial Institution/type of Account ↓ ↓	Mailing Address ↓ ↓		
NORTHWEST BANK			
Mailing Address ↓ ↓	City ↓ ↓	State ↓ ↓	Zip ↓ ↓
GII N. ANKENY BWD			
City \downarrow \downarrow State \downarrow \downarrow Zip \downarrow \downarrow	Phone ()		
ANKENY 1A 50023	o Mail		
	e-Mail		
STATERENT OF AFFIDRATION. Du filling this decument the committee offi	rung the fellowing.		
STATEMENT OF AFFIRMATION: By filing this document the committee affi	rms the following:		
1. The committee and all persons connected with the committee understand that rules in Chapter 351 of the Iowa Administrative Code.	they are subject to the laws in Iowa Co	de chapters 68A and	68B and the administrative
2. That Iowa Code section 68A.402 and rule 351—4.9 require the filing of disclos	sure reports and that the failure to file th	ese reports on or befo	ore the required due dates
subjects the candidate or chairperson (in the case of committees other than a car imposition of other criminal and civil sanctions.			
3. That lowa Code section 68A.405 and rules 351—4.38 through 4.43 require the materials except for those items exempted by statute or rule. A committee that widoes not intend to cross the \$750 filing threshold shall file the Form DR-SFA form	ishes to register a committee name for		
4. That lowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit thissue PACs.	e receipt of corporate contributions by a	all committees except	for statewide and local ballot
5. A candidate and a candidate's committee may only expend campaign funds a	s permitted by Iowa code sections 68A.	301 through 68A.303	and rule 351—4.25.
6. That the committee will continue to file disclosure reports until all activity has o	seased committee funds spent debts re	esolved, and a final re	port and a statement of

Maria 9. Schweers
Signature of Treasurer

Sauth L. Ruba Signature of Candidate, OR, for all other committees, Chairperson 8/29/08

Date Signed

Date Signed